



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		1. Agency Address	FOR RECORDS MANAGEMENT USE	
Application Date 2/27/76		Georgia Bureau of Investigation State Crime Laboratory 959 E. Confederate Avenue, S. E. Atlanta, Georgia 30316	Application Number MAR 2 1976	76-83
Application Number			Date Received MAR 2 1976	Date Completed MAR 23 1976
2. Person to Contact Phil Hancock		Working Title Supervisor of Implied Consent Section	Telephone Number 656-6050	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void				
4. Dates of Series Earliest Latest 1969 Present		5. Records Series Title (followed by title used in office, if different) Intoximeter Machine and Intoximeter Operator Performance Reports		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The State Crime Laboratory furnishes crime laboratory service which provides scientific analyses of evidence submitted by Peace Officers, reports of results suitable for use as evidence in criminal proceedings, and maintenance of records of investigations by all medical examiners in the State. The Implied Consent Section in particular provides assistance in obtaining Intoximeter Machines and trains personnel in operating these machines.				
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Evaluating the Attach samples of the file. Documents relating to: / Performance of Intoximeter machines and operators Included are: "Intoximeter Operators Proficiency Report (Form #DPS-327(1-73))" which lists by month the machine number, date of evaluation, name of operator, tests run, etc., and "Intoximeter # _____ (Form DPS-326(6/73))" a checklist of items inspected each month and including the machine number and name of inspector. File is arranged: Alphabetically by Agency Name				
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>1</u> ; Seven to twelve months old <u>0</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>0</u> ?				
9. Annual Rate of Accumulation of Records Letter-size drawers <u>1</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____				

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	N/A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 6 mo. _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Needs to be kept 6 months for audit by the National Highway Safety Council.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area 6 month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>B. Tucker</i>	<i>2/27/76</i>	<i>Jeann Powell</i>	<i>2/27/76</i>
		State Records Committee (Signature)	Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Auditor/Designee	<i>3-17-76</i>
		Secretary of State/Designee	<i>3-15-76</i>
		Attorney General/Designee	<i>3-19-76</i>